

FOOD SERVICE ESTABLISHMENT OPERATOR'S PERMIT

Building Inspection Department

PLEASE RETURN APPLICATION AND FOOD PERMIT FEE <u>\$400.00</u> (excluding schools) TO: 2118 S. Uhl Rd., Glenn Heights, TX 75154

Original Date: _	Renewal
Name of Establishment:	Phone:
Address of Establishment:	Zip Code:
Owner of Establishment:	No. of Employees:
Address of Owner:	City: Zip Code:
Owner's Phone:	Fax Number:
E-Mail:	
Name of Coulfied Food Handless	
Name of Certified Food Handlers	
Name:	Name:
Name:	Name:
Please check one:	
☐ Restaurant ☐ Daycare/School	☐ Convenience Store ☐ Mobile Vendor ☐ Other
Signature of Owner/Manager	Printed name of Owner/ Manager
Name of Person filling out application	Drivers License Number
City Use Only- D	o Not Write below this line
Permit Fee Received By:	Date:
Food Manager's Certification:	Approved: Yes No
Permit Number:	Date Issued: